

**Message: RE: Other Reqeust**

---

**✉ RE: Other Reqeust****From** Kraft, Emily**Date** Wednesday, January 4, 2017  
9:28 AM**To** 'Kristen M. Setterlund, MSW,  
LCSW'**Cc** (352 Kb HTML)  [image001.gif](#) (4 Kb HTML)  [image002.jpg](#)  
(1 Kb HTML)  [image003.jpg](#) (1 Kb HTML)  [image004.jpg](#) (10 Kb HTML)

The approved form is attached.

---

**From:** Kristen M. Setterlund, MSW, LCSW [mailto:KristenS@LFCS.org]**Sent:** Tuesday, January 03, 2017 2:16 PM**To:** Kraft, Emily**Subject:** Other Reqeust

Hi Emily,  
Attached is an Other Request for your review.  
Thank you,  
Kristen

**Kristen M. Setterlund, MSW, LCSW**  
**Program Manager**  
**Lutheran Family and Children's Services of Missouri**  
9666 Olive Boulevard  
Suite 400  
St. Louis, MO 63132  
Direct: 314-754-2740  
Fax: 314-292-8519  
Mobile: 314-281-1121  
Toll Free: 1-866-326-LFCS (5327)  
[KristenS@LFCS.org](mailto:KristenS@LFCS.org)  
[www.lfcsmo.org](http://www.lfcsmo.org)











